

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 566004 1-25-06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4						
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11						
12		1				
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50						
TOTAL IND.						
TOTAL DEP.			21			
TOTAL CLAIMS			13			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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